

Under the American Invention Act of 1980, an inventor is required to file a Declaration with the U.S. Patent and Trademark Office (USPTO) when filing a patent application.

DECLARATION — Utility or Design Patent Application

Check all correspondence to: ☒ Customer Inquiries ☐ Correspondence address below

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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I hereby declare that I am the inventor of the invention described in the application and that I am the owner of the right to make, use, and sell the invention. I also declare that I am not aware of any other person who has contributed to the invention.

NAME OF STATE OR FIRST INVENTOR: _____ ☐ A person has been filed for this invention by another person

Name and address (if any): _____

Name: *John Campbell* Date: *9-9-03*

Residence: _____ City: _____ State: _____ Zip: _____ Country: _____

City: _____ State: _____ Zip: _____ Country: _____

NAME OF SECOND INVENTOR: _____ ☐ A person has been filed for this invention by another person

Name and address (if any): _____

Name: *Charles Fox* Date: *9/9/03*

Residence: _____ City: _____ State: _____ Zip: _____ Country: _____

City: _____ State: _____ Zip: _____ Country: _____

☐ Additional inventor(s) have been named in the application. Please attach a separate Declaration for each additional inventor.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number N1128.2C4 C03187US

First Named Inventor John Campbell

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"COMPOUND FOR THE AMELIORATION OF PSEUDOFOLLICULITIS"

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label				22920		OR <input type="checkbox"/> Correspondence address below	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) John					Family Name or Surname Campbell		
Inventor's Signature						Date	
Residence: City Starkville		State Mississippi		Country US		Citizenship US	
Mailing Address 102 Natchez Street							
City Starkville		State MS		ZIP 39759		Country US	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Charles					Family Name or Surname Fox		
Inventor's Signature						Date	
Residence: City Fair Lawn		State N.J.		Country US		Citizenship US	
Mailing Address 39-08 Tierney Place							
City Fair Lawn		State N.J.		ZIP 07410		Country US	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							